

POSITION

INITIALS

ID NO.

DATE

FEE DETERMINATION

O.I.P.E. CLASSIFIER

FORMALITY REVIEW

RESPONSE FORMALITY REVIEW

R3/MC/CC

12/27/87

E-12

INDEX OF CLAIMS

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|---------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| ■ | Allowed | I | Interference |
| — (Through numeral) | Canceled | A | Appeal |
| — | Restricted | O | Objected |

| Claim | Date | Claim | Date | Claim | Date |
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If more than 150 claims, add 10 columns.

See page 11 for instructions.